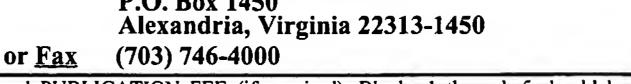
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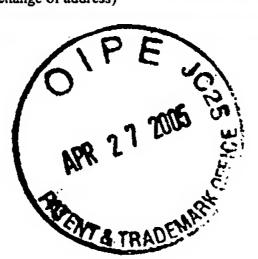
04/28/2005 MBEYENE2 00000024 10603671

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APPLICATION NO.

10/603,671 .

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(Depositor's name)

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO. CONFIRMATION NO.

111427-00603

TITLE OF INVENTION: CONNECTOR WITH MISALIGNMENT COMPENSATION

FILING DATE

06/26/2003

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE DATE DUE		
nonprovisional	NO	\$1400		\$300	\$1700 05/24/2005		
EXAMINER A		ART UN	IIT	CLASS-SUBCLASS			
LUEBKE, RENEE S 2		2833		439-381000			
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	ation (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B	Correspondence ation form of a Customer E PRINTED ON T	(1) the na or agents (2) the nar registered 2 registered listed, no the parent of the	mes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed. I (print or type) The patent is a single for filing an assignment.	a member a es of up to no name is 3	document has been filed for	
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	s (from status indicated above SMALL ENTITY status. See	/	b. Applic	ant is no longer claiming SMAI	LL ENTITY status. See 37 (CFR 1.27(g)(2).	
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